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Domestic Homicide of Older People (2010-2015): A comparative analysis of intimate-partner homicide and parricide cases in the UK

Abstract

Despite half a century of research on both domestic violence and elder abuse, homicide of older people by a partner or family member (domestic homicide) remains largely unexplored. This article presents data drawn from a larger parent study examining homicide of older people (aged 60 and over) in the UK. This analysis is based on a subset of cases that would fall within current definitions of domestic homicide (n=221). Analysis reveals differences in domestic homicide of older men and women in relation to the perpetrator gender and relationship and differences between intimate-partner homicides and those perpetrated by other family members. Implications for research, theory and practice are discussed.

Keywords: domestic homicide; elder abuse; eldercide; homicide; parricide

Introduction

Domestic homicide (DH) is the most extreme form of domestic violence/abuse (DV) and has been identified as a major global public health challenge (Hanlon *et al*, 2016). There is currently no statutory definition of domestic homicide in England and Wales, however the Home Office (2016) describes domestic homicides as the death of a person aged 16 and over who has died as a result of violence, abuse or neglect by a person who whom he or she was related or had been in an intimate personal relationship, or a member of the same household as himself or herself (Home Office, 2016). This broad umbrella term incorporates various contexts and dynamics, but the majority of studies in the UK and elsewhere have focused on

homicide by a spouse or partner (often conceptualised as 'intimate-partner homicide' (IPH)). Where the homicide involves a family member, the term 'familial homicide' is usually employed and where the domestic homicide involves a child (whether over 18 or under) as the perpetrator, this tends to be conceptualised as 'parricide'. Consequently, DH research and theory is currently located across multiple fields of inquiry, which have evolved separately. This narrow focus on specific types/sub-types of homicide is not without its problems. As Benbow *et al.*, (2018) point out, the obvious overlaps between the different categories of homicide complicate research and potentially obscure important findings.

Across Europe, DH is the most frequent cause of violent death of women (Ruuskanen and Kauko, 2008). In the year ending March 2016, there were 57 male and 113 DH victims in England and Wales, representing 14% of all male and 65% of all female homicide victims (ONS, 2017). These figures are similar internationally; for example, data from the USA show that of all DH committed by a spouse, 81% of victims were female (Durose *et al.*, 2005). DH are therefore overwhelmingly gendered; women are significantly more at risk of being killed by a partner or family member than men. Importantly, a history of DV is a key feature in the majority of cases. Consequently, DH can be located at the extreme end of a continuum of violence experienced by women across the life course, which is both a cause and consequence of women's inequality (Kelly and Westmarland, 2014). The characteristics and risk factors observed in domestic homicides are distinctive from other types of homicide and should be considered a unique category (Taylor and Jasinski, 2011).

DV is a pervasive global problem; the World Health Organisation estimates at least 1 in 3 women experience intimate partner violence at some point in their life. In England and Wales,

it is estimated that 1.2 million women and 713,000 thousand men experienced some form of DV in the year ending March 2017 (ONS, 2018). Historically, the focus of DV research, and interpersonal violence more broadly, has been on young women who have been considered most at risk of victimisation. However, a growing body of evidence has shown older people are at risk of abuse (often labelled elder abuse), with older women most likely to be abused by spouse/partners or adult sons, prompting the development of a new field of inquiry exploring DV against older women (see Roberto *et al.*, 2013 for a useful review). This work, although still relatively limited, has pointed towards the need examine the intersections of gender and age in explaining and understanding DV against older women (e.g. Roberto *et al.*, 2013). Intersectionality, coined in the 1980s by black feminist writers bell hooks (1981) and later Crenshaw (1989), was introduced to describe the multiple oppressions black women faced. Whereas feminism is primarily concerned with the importance of gender and the oppression faced in general by women, intersectionality stresses the importance of the interwoven nature of different categories such as race, class, and gender, and how they mutually strengthen or weaken each other. In the context of older women, 'age as a specific organizing principle of intimate relations intersect with other power relations (e.g. gender)' (Roberto *et al.*, 2016, p.233).

Whilst engaging with intersectionality has been encouraged across social work research and practice (e.g. Murphy *et al.*, 2009; Mattsson, 2013) it remains a relatively new concept and age has been neglected in much of the existing work. Despite the growing research and policy interest in understanding and preventing domestic homicides and an equally growing interest in abuse of older people, the intersecting areas have yet to be explored. There are currently

no domestic homicide (incorporating intimate partner and familial/parricide) studies utilizing national samples exploring the characteristics and contexts where the victim is over 60.

In the UK context, adult safeguarding (commonly referred to as adult protection in Scotland) is one of the major strands of social work policy and practice (see Bows and Penhale, 2018 for an introductory background to legislation and policy). In England, The Care Act 2014 introduced an overall framework within which adult safeguarding is situated, whilst the Domestic Violence, Crime and Victims Act (Amendment) 2012 locates identifying and responding to DV as multi-agency responsibility. Combined, the legislation and associated policies and guidance create a broad set of statutory duties for adult social workers to identify, investigate and respond to violence and abuse of adults. Two examples include working with stakeholders to assess risk and develop safeguarding plans through Multi-Agency Risk Assessment Conferences and, where violence, abuse (or in the case of older adults, neglect) leads to death, through involvement in Domestic Homicide Reviews and Safeguarding Adult Reviews.

However, in practice, there is a disconnect between the legislation, policy and practice approaches and social workers remain confused about their role in relation to both elder abuse and domestic violence (Robbins *et al.*, 2016). The existing guidance on elder abuse and domestic violence is distinct, resulting in older victims falling through the gaps (Wydall *et al.*, 2018) due to different pathways created by adult safeguarding and domestic violence policies and practice. This is exacerbated by the paucity of research, and therefore evidence, regarding the extent, nature and consequences of violence against older people.

Following a review of literature to inform understandings of the challenges in addressing the intersection between older age and domestic homicide, this article presents the findings of an empirical study designed to extend knowledge and understanding of domestic homicides of people aged 60 and over before considering implications for future research, policy and practice.

Domestic homicide: prevalence, characteristics and causes

Domestic homicide is a major global concern. Internationally, the World Health Organisation (2013) estimates that as many as 38% of all murders of women are committed by intimate partners. The main source of data on homicide in England and Wales is provided by the Homicide Index, a national dataset held by the Home Office which contains detailed record-level information about each homicide recorded by police in England and Wales (ONS, 2016).

The main sources of data on domestic homicides therefore come from academic research and government/public body inquiries and reports, although much of this work draws on small localized samples or relies on data held in medical files. As Brookman (2015) points out, obtaining large and reliable samples of data on homicide is difficult, namely because of the nature of the data (sensitive) and associated difficulties with obtaining access to it. Nevertheless, the existing research has produced consistent findings. The majority of this work has focused on homicides perpetrated by intimate partners (IPH). It is estimated that around 35% of all murders of women globally are perpetrated by an intimate partner, compared to around 5% of men, findings that are consistent across the academic literature (Frye *et al.*, 2005). Moreover, where women are perpetrators, research suggests this is often a result of their own victimisation and constitutes an act of self-defence (Belknap *et al.*, 2012).

Research suggests there are significant age differences between victims and offenders; some studies have reported that men older than 45 years of age are at the highest risk of perpetrating an IPH (Shackelford and Mouzos, 2005) whilst women aged 16-44 are at the highest risk of being victimised (ONS, 2018). Generally, IPH most commonly affects women in cohabiting relationships or those going through a divorce or separation (Campbell *et al.*, 2007; Reckdenwald and Parker, 2010). A previous history of DV is one of the most common risk factors; around 70% of men who kill have a history of using violence against their partners (Campbell *et al.*, 2003) and in a recent analysis of Monckton-Smith (2017) found over 90% of cases involved prior stalking and/or DV.

Homicide of older people

Violence against older people is gaining increasing research and policy attention internationally. The majority of existing evidence spans two, currently distinctive, fields of inquiry: elder abuse (EA) and DV. Generally, EA definitions incorporate physical and non-physical abuse perpetrated by family members or those in relationships where there is an expectation of trust (WHO, 2002; 2010). This is viewed as separate to DV definitions, despite the obvious overlaps in terms of behaviours and contexts (see Policastro and Finn, 2017; and Penhale, 2003 for a discussion). Operationally, the main feature separating these two disciplines is age: where the victim is 45 and experiences physical violence from a partner, this is likely to be labelled DV, but where the victim is aged 70, this will probably be called elder abuse. The variety of definitions and approaches that exist have been argued to produce a 'definitional chasos'

(Mysyuk *et al.*, 2013, p.50) and an 'ideological gulf' between those working in DV services and those in aged care (Scott *et al.*, 2004, p.7).

A recent global systematic review of elder abuse reports much higher figures, estimating that globally at least 1 in 6 older people will experience elder abuse (Yon *et al.*, 2017). Other reviews have reported slightly higher rates of 1 in 4 (Cooper *et al.*, 2008). However, DV studies have generally yielded higher prevalence rates compared with elder abuse studies. For example, in a five-country European study, Luoma *et al.* (2011) report that, overall, 28.1% of women aged 60-97 had experienced some form of intimate-partner violence in the previous year.

Data published by the ONS (2018) reports that, in year ending March 2017, there were 64 homicides of people aged 65 and over. There was a disproportionately high number of female victims aged 75 and over compared with the population profile (13% of female homicide victims were aged 75 and over, whereas 9% of the female population was in this age group). However, further details on the characteristics of victims, offenders and incidents are not broken down by age-group and it is not possible to disaggregate the data provided in the supplementary spreadsheets.

Three recent reports have included analysis of older domestic homicides. Sharp-Jeffs and Kelly (2016) included 10 cases involving older victims in their recent review of 32 domestic homicides. Six of these were intimate-partner homicides, whilst 4 were adult-family homicides. The majority of victims were female and all of the perpetrators were male. Most of the offences occurred in the victim's home and involved a knife or sharp instrument. The review

found ageist assumptions led to missed opportunities, as older people were considered low risk for victimisation by practitioners.

In a recent analysis of 30 years of parricide data (n=693 cases), Holt (2017) reports that the mean age across male and female victim parricides was 60.5, although on average women were older than men. Across the 693 cases there was an even distribution of male/female victims, however Holt (2017) reports that this does not hold across the lifecycle; most men are killed by their son/daughter in their 50s whereas more women were killed in their 70s. Overall, 37% of female victims were aged 70 and over compared with 29% of male victims. Further data on the location and method of killing is provided for all cases and is not broken down by age of the victim.

Finally, a recent study by Benbow *et al* (2018) examined 31 domestic homicides involving adults aged 60 and over. The majority of victims were female (n=25) and all but one of the perpetrators were male. In 14 cases the perpetrator was an adult child or grandchild. The authors identified four key themes across the 31 reviews: alcohol and drug misuse, mental health, finance and history of DA. The findings echo the themes observed in domestic homicides across the life course. Consequently, Benbow *et al* (2018) conclude there is insufficient evidence that age is, per se, a significant factor.

Methodology

This article presents data on domestic homicides of older people drawn from a larger parent study examining homicide of people aged 60 and over in the UK. The overarching aim of this analysis was to examine the nature and characteristics of domestic homicides involving a victim aged 60 and over in the UK. The objectives were: to develop a) an evidence base to address the current gaps in the existing research; b) to examine the gender patterns to domestic homicides involving older victims with a view to developing meaningful explanations and c) to examine whether domestic homicides of older victims are qualitatively different from domestic homicide involving younger victims.

In England and Wales, data on homicide is provided by the Office for National Statistics which publishes an annual report drawing on data from the Homicide Index. Whilst this data does provide overall totals of homicides by age group, it is not further disaggregated by other personal characteristics (e.g. gender of victims and offenders, location of homicide and relationship between offender and victim). Furthermore, offender age group data is not provided. Consequently, it is not possible to analyse domestic homicides of older people using this dataset. The parent study therefore used The Freedom of Information (FOI) Act 2000 England, Wales and Northern Ireland) and the Freedom of Information Act 2002 (Scotland) ('the FOI Acts') to gather data from police forces in the UK (Bows, 2017). Ethical approval for the study was obtained from Teesside University ethics committee.

The FOI request was sent by email to all 49 forces in the UK. The request comprised of two parts: the first part asked for aggregated data on the total number of homicide offences recorded between 1st January 2010 and 31st December 2015, broken down by year, and the

proportion involving a victim aged 60 or older. The second part asked for demographic and characteristic data of cases involving a victim aged 60 or older, specifically: the gender of the victim and perpetrator; the age of the victim and perpetrator at the time of the offence; the victim-perpetrator relationship (categories such as stranger, acquaintance, partner, friend, family member, carer), the location of the murder (categories such as victim home, perpetrator home, other residential, public place) and the method of killing (categories such as assault with weapon, stabbing, firearm). All 49 forces responded to the request with 45 forces indicating they had recorded at least one homicide involving an older victim during the study period (n=514). In 221 cases, the perpetrator was a spouse or other family member which can be grouped under the category of domestic homicides. This paper presents the data from those cases.

Data were inputted first into an excel spreadsheet and then coded and inputted into SPSS v.20 for analysis. The small number of cases in some variables meant chi-square and logistical regression tests were not possible in this analysis. The research is presented through descriptive analytical techniques and the cross-tabulation of the characteristics identified to establish a base understanding of their association with each other.

Following the approach adopted by Sharp-Jeffs and Kelly (2016) in recognition of the different dynamics underpinning DV committed by intimate partners and that by family members (Kelly and Westmarland, 2014) the data in this article is split into two sections: intimate partner homicide (IPH) and adult family homicide (AFH).

Findings

Overall there were 221 cases of domestic homicide, representing 43% of the all homicides of older people recorded between 2010 and 2015 in the UK (n=514). This equates to an average of 40 homicides per year in England and Wales, 3 in Scotland and less than 1 in Ireland. To put this into perspective, this means that older victims constitute around 1 in 4 domestic homicides in England and Wales. Across these 221 cases, the majority of victims were female (67%), consistent with national data on homicide in England and Wales which reports that female victims accounted for 66% of domestic homicides in 2016 (ONS, 2017).

Overall, there were 102 (46%) cases perpetrated by a partner/ex-partner (intimate partner homicide) and 97 by a child (44%) (parricide). Consequently, older people are almost as likely to be killed by a partner as they are their child, a significant difference compared with domestic homicide in younger age groups.

Intimate-partner homicide cases

In the majority of IPH cases (n=102), the victim was female, accounting for 77% of cases (n=79). Only 23 cases involved a male victim.

Overall, most victims were aged 60-69 (n=49, 48%) and there was a steady decline in recorded domestic homicides with increasing age although as Table 1 shows, in female-victim homicides this decline was less pronounced.

Table 1 here

The majority of IPH victims were White (64%) although victim ethnicity data was not collected or refused to provide in 31% of cases.

Perpetrator and offence characteristics

Most IPHs were perpetrated by someone of the opposite sex and can therefore be classed as heterosexual IPHs. As Table 2 shows, where the victim was female (79), male perpetrators accounted for 78 (99%) of cases and where the victim was male, 91% of perpetrators were female. This finding was statistically significant $\chi^2 (1, n=102) 85.37, p = .000$.

Although the number of same-sex IPHs were therefore higher in male victims, the very small number of cases (2) does not allow for any meaningful comparisons or conclusions to be drawn.

Table 2 here

Perpetrators were aged between 20-99. The majority were aged between 60-69 (n=36, 35%). The second most common perpetrator age group was 70-79 (25%) and 80-89 (22%). Only 1 perpetrator was aged 90-99. Perpetrators of IPH were therefore similarly aged to their victims.

Figure 1 here

Overall, the majority of IPH victims were killed in their home (incorporating victim home and victim and perpetrator shared home) (n=88, 84%). As Figure 2 shows, very few offences were

committed outside of the home. However, in six cases the homicide occurred in a public outside location; although a small number, men were statistically more likely to be killed in a public place (n=2, 9%) compared with women (n=4, 6%).

Figure 2 here

In the majority of cases the cause of homicide was stabbing (36%) followed by strangulation (16%) and assault with a weapon (11%). However, there were differences in the cause of homicide between male and female victims; only one male victim was strangled (4% of male victims) compared to 15 female victims (19%). Six cases involved the use of a firearm; in those cases, 5 of the victims were female.

Adult family homicide

Of the 221 cases involving a family member other than a spouse, 119 (54%) were committed by a child, grandchild or other family member. In most cases, the perpetrator was a child or grandchild (n=97, 81%) which brings these offences under current definitions of 'parricide'. These are reported separately to the remaining 20 cases involving other adult family members.

Parricide victim characteristics

In the majority of cases (n=57, 59%) the victim was female. As Table 3 shows, male victims accounted for 40 of the cases (41%). In contrast to the IPH cases there was a more even split in the age groups of victims, with the same number aged 60-69 (n=33, 34%) and 70-79 (n=33, 34%).

Table 3 here

Where victim ethnicity was provide (n=74), most victims were 'white' (82%) however a higher proportion of parricides involved an Asian victim compared with IPHs (n=8, 11%).

Parricide perpetrator and offence characteristics

The majority of parricide perpetrators were sons or grandsons, accounting for 80 cases (82%). Table 4 shows that, even where the victim was male (n=40, 41%) the majority of perpetrators were also male (n=36, 90%). In the 17 cases involving a daughter or granddaughter, the majority of victims were also female (n=13, 76%).

Table 4 here

As Figure 3 highlights, parricide perpetrator ages ranged from under 16 to 89 years. Overall, the majority were aged under 60 (n=91, 94%); most were between 40-49 (n=33, 33%), followed by 30-39 (n=24, 26%).

Figure 3 here

As with IPHs, the majority of APHs occurred in the victim and/or perpetrator's home (n=90, 93%). As Figure 4 shows, the most common method of killing was stabbing, accounting for 40% (n=38) of cases. However, unlike the IPHs, the second most common method was assault

without a weapon (beating to death) (n=20, 21%). In contrast to the IPHS, few cases involving strangulation (n=3). There were important differences in the gender of victims and method of killing; men were more likely than women to be killed by assault without a weapon (13 men compared to 7 women) whereas women were more likely to be killed by assault with a weapon (10 women compared to 3 men) although these results were not statistically significant.

Figure 4 here

Other family homicides

In 22 cases the perpetrator was an 'other family member'. In these cases, 10 victims were female compared to 12 male victims. The perpetrators in these cases were overwhelmingly male (n=20, 91%). As with the other categories of homicide, most victims were aged 60-69 (n=11, 50%). Reflecting the other categories, the majority of homicides occurred in the victim's home (n=19) and involved the use of a knife or sharp object (n=16).

Discussion

This paper presents findings from the first study to specifically examine domestic homicides involving older men and women in the UK. Whilst a body of research has examined domestic homicide previously, there are very few studies examining gender differences in domestic homicides and there have been no published studies specifically examining, and comparing, domestic homicides of older men and women. Similarly, although a small number of studies have examined homicide of older people more generally, none have incorporated specific

analysis of domestic homicides. The data published here begins to address these gaps in evidence.

Overall, there were 221 domestic homicides involving a victim aged 60 and over recorded by the police between 2010 and 2015. This equates to roughly 44 per year, which means that approximately 1 in 4 domestic homicides involve an older victim. This finding is consistent with a recent report of domestic homicides by Sharp-Jeffs and Kelly (2016) who reported 6 of the 24 Domestic Homicide Reviews (DHRs) they analysed involved a victim aged 60 or older. Therefore, although older people constitute a smaller proportion of all domestic homicides and the risk of domestic homicide decreases with age, the numbers are not insignificant and do not justify the absence of research in this area. To put this into context, rates of domestic homicide of older adults are similar to that of child homicide; national data reveals there were 58 homicides involving a child aged 0-15 years in 2017, equating to 9% of all homicide recorded that year (ONS, 2018). Yet, as Benbow *et al* (2018) point out, child homicide has received significantly more research and media attention than the homicide of older people (although a recent article in this journal indicates research on children's involvement in domestic homicide remains limited, see Stanley *et al*, 2018). Moreover, the figure presented here is unlikely to be wholly accurate, as concerns have been raised previously that homicides of older people may go undetected due to the small proportion of elderly deaths that involve a postmortem. Elderly deaths may be assumed to be related to older age and less likely to be questioned.

The findings presented here suggest the risk factors for domestic homicide in later life are gender-specific and share some similarities and differences with existing understandings of

domestic homicide against younger age groups. Mirroring international data, most victims in this study were female (67%). Across all the domestic homicides, the majority occurred in the victim's home (87%) and sharp instrument or knife was the most common method of killing (41%). Most victims were 'White' although the lack of availability data on ethnicity is problematic and prevents comprehensive analysis of the specific circumstances of homicide among different ethnic groups.

In terms of differences, the victim age and relationship to the perpetrator differ compared with national profiles of domestic homicide. Consistent with previous elder domestic homicide research, the 'young-old' were the most common age group of victims in this study (Sharp-Jeffs and Kelly, 2016; Benbow *et al*, 2018) and the numbers decreased with increased age, although this was more pronounced for men than women, who had a higher risk of victimisation in older age groups compared to men.

A similar number of homicides were committed by a partner (n=102) and adult child (n=97), supporting a recent study by Benbow *et al* (2018) which analysed 31 domestic homicide reviews and reported that adult family homicide was more prominent than intimate-partner homicide in the cases they examined. In the present study, the majority of adult-family homicide perpetrators was an adult son (n=89, 92%). This is a significant finding, as it highlights that the risk factors for younger adults may be different to older adults. However, there were important differences in the relationships between female and male victims and perpetrators. Female victims were generally killed by spouse/partners (53%) followed by sons/daughters (13%) whereas male victims were more likely to be killed by son/daughter (53%) than a spouse/partner (31%). These findings suggest that men are at more risk of being killed by

their children or grandchild (parricide) than they are their partners, a finding consistent in the existing literature (Benbow *et al*, 2018; Holt, 2017). However, it is important to note that the overall risk of parricide for older people is much higher for women. Fifty women were killed by a son/daughter compared with 39 men, confirming recent findings by Holt (2017) that older women are at a higher risk of being a victim of parricide than older men. Nevertheless, this finding highlights the need for interventions to prevent homicide in older age must be sensitive to the specific dynamics of domestic homicide.

Implications for future research and practice

In terms of research, there is a need to revisit conceptual and theoretical understandings of interpersonal violence towards an integrated, life-course framework which incorporates existing domestic violence/intimate-partner violence, elder abuse and adolescence-to-parent violence. This research has identified that the dynamics of domestic homicide in later life are gendered; women remain at a higher risk of domestic homicide compared with men, however the almost equal numbers of spouse/partner homicides and adult son/grandson homicides (often term parricide) brings into sharp relief the need to recognize that age is also critical in understanding violence against older women.

Equally, although older men are lower risk than women for domestic homicide, they are more likely to be murdered by a son/grandson than a spouse/partner, again highlighting the need for an integrated framework which takes these dynamics into account. Scholars should consider whether intersectionality could also be adopted to incorporate age, class, sexualities and other characteristics to develop more comprehensive understandings of violence (including fatal violence) against older people. This theory has already been used to examine the

intersections of age and gender in relation to domestic violence (Roberto *et al*, 2016) and how race, gender and class interact in female homicides (Parker and Hefner, 2013). Although the findings in the present indicate most victims were 'White' the lack of available ethnicity data prevents further analysis on the specific circumstances relating to the intersections of gender, age and ethnicity. Given the importance of examining the matrix of social categories as highlighted by Parker and Hefner (2013), further research which investigates multiple social categories is required.

Similarly, methodologies must extend to incorporate age as well as gender (and other identities). The current dichotomies and disjoints that exist between the different disciplines (e.g. elder abuse, eldercide, domestic violence, domestic homicide, adolescent-to-parent violence and parricide) and different forms of violence result in a limited picture of interpersonal violence and homicide, complicating research and hindering the development of a comprehensive evidence base. Both national and international sources of data on violent victimisation must specifically include older victims to enable a life-course analysis of victimisation. In the context of domestic homicides, one way of achieving this is by making all Domestic Homicide Reviews and Safeguarding Adult Reviews public via a database, as called for by previous researchers (e.g. Sharp-Jeffs and Kelly, 2016; Benbow *et al*, 2018).

These conceptual and methodological frameworks must extend to policy and practice. Domestic homicide (DH) almost never occurs out of the blue (Monckton-Smith *et al*, 2014); there is almost always a history of domestic violence and research has consistently shown prior victim engagement with health or statutory services prior to their murder (Adams, 2007; Juodis *et al*, 2014). As such, these services are uniquely placed to identify women (and men)

who may be a risk and provide early intervention and support. However, the majority of the understandings of DH and subsequent service responses have been based on domestic violence perpetrated by intimate-partners and the links between this violence and domestic homicide. In a recent analysis of domestic homicide reviews, Sharp-Jeffs and Kelly (2016) report that older women are often assumed to be low risk for victimisation and there is a general lack of awareness of the signs of domestic violence and risk factors for DH in later life. This may be partially because the signs are different, e.g. the abuse is being perpetrated by a child rather than a spouse. Similarly, Benbow *et al* (2018) report few domestic homicide reviews of elder homicides identified a history of domestic violence. We concur with Sharp-Jeffs and Kelly (2016, p.13) that adult social services should receive training on identifying and assessing risk in relation to domestic violence. Training should take an intersectional approach and explore the multiple barriers and increased risk faced by particular groups.

Furthermore, older people are less likely to be engaging with services that have been trained to recognise signs of domestic violence in younger women (e.g. midwives, health visitors). Ageist stereotypes and narrow understandings of DV mean older victims are often overlooked or the issues are subsumed under 'elder abuse' discourses and policies. It is critical that services that are likely to be in contact with older people (including age-related organisations, health and social care services and adult safeguarding social workers) are aware of the signs and risk factors for domestic homicide. We concur with Policastro and Finn (2017) that we need to integrate domestic violence/IPV and elder abuse fields to develop new programs with older victims specifically in mind.

In England and Wales, legislation (e.g. the Care Act 2014 and Domestic Violence, Victims and Crime Act (Amendment) 2012) and associated national guidelines (e.g. NICE, 2014; Association Directors of Adult Social Services, 2014) place responsibility for preventing and responding to domestic violence (and by virtue, domestic homicide) within a multi-agency framework which incorporates social work, criminal justice and health and social care. In England and Wales, one of the most important and widely used risk assessment tools used to identifying those at risk of serious physical harm, including homicide, is via the Co-ordinated Action Against Domestic Abuse (CAADA) Domestic Abuse, Stalking and Honour-base violence (DASH) Risk Identification Checklist. However, this risk assessment currently focuses on young victims and offenders; for example, many of the questions in the risk assessment tool focus on pregnancy and/or young children, issues less likely to affect older adults. In fact, the only time older age is mentioned is in the context of risk to other family members; one of the questions asks whether the perpetrator has been violent or abusive to other family members including elderly parents/relatives. Again, where the victim is elderly themselves, they are less likely to have elderly parents. Moreover, the risk assessments are currently designed around intimate partners as perpetrators and most of the questions would fail to capture adult sons or grandsons as perpetrators, despite current definitions of domestic violence capturing these dynamics. In order to ensure social workers are actively seeking to reduce power imbalances and oppression, it is critically important that risk assessment tools and safeguarding policies fully incorporate older adults. The Older People's Commissioner for Wales (n.d.) has introduced an amended Risk Identification Checklist which includes questions aimed at older victims which may provide a starting point for amending risk assessments in other parts of the UK.

This study is not without limitations. The small number of cases involving older people makes statistical analysis on these cases more difficult; traditional statistical testing for relationships and correlations between variables was not possible using this dataset. Some data, for example victim ethnicity, was not available for a significant proportion of cases. Moreover, as the variables captured in this study were based on victim, perpetrator and incident characteristics, background data on the victim and offender (for example economic status and class, health/mental health conditions, alcohol/drug misuse and offending history) are not examined in this study. Further research is now required to examine domestic homicides of older people in more detail. Despite the limitations, the findings of the current research have important implications for theory, policy, practice, and future research.

Conclusion

Despite increased research and policy interest in the abuse of older people, available data is scarce and limited by both conceptual and methodological problems. The existing research on different forms of interpersonal violence spans multiple subcategories, making analysis difficult. This is further compounded by varying definitions and fields of study examining these forms of violence involving an older adult. Research on the extent and consequences of violence against older people remains limited, although current estimates suggest risk of experiencing abuse in later life is similar to that in younger age groups and the dynamics are broadly the same.

Given the rapidly ageing (Western) population, the number of older people being abuse likely to increase and, given primary risk factor for domestic homicide is previous abuse, DH involving older victims is also likely to increase. There is a need to develop a more unified approach

to examining violence against older people, including fatal violence. From the data presented here, it would appear feminist theories (particularly intersectionality) of domestic violence and domestic homicide most appropriate to developing understandings of lethal and nonlethal violence against older women, given the similarities with younger populations reported here. Multi-agency working must also extend to include those working in related disciplines and industries, including age-related organisations, health and social care.

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Figure 1. IPH Victim and perpetrator age

Figure 2 – Location of IPHs

Figure 3. Parricide Victim and perpetrator age

Figure 4. Parricide method of killing

Tables and figures

Table 1 – IPH victim age and gender				
	60-69	70-79	80-89	Total
Male	13	7	3	23
Female	36	26	17	79
Total	49	33	20	102

Table 2 – IPH victim and perpetrator gender			
	Male perpetrator	Female perpetrator	Total
Male Victim	2	21	23
Female Victim	78	1	79
Total	80	22	102

Table 3 - Parricide victim age and gender						
	60-69	70-79	80-89	90-99	100 and over	Total
Male	14	15	8	2	1	40
Female	19	18	15	3	2	57
Total	33	33	23	5	3	97

Table 4 – Parricide victim and perpetrator gender			
	Male Perpetrator	Female Perpetrator	Total
Male Victim	36	4	40

Female Victim	44	13	57
Total	80	17	97

